

MAY 15 2006

PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

**FEET TRANSMITTAL  
For FY 2006** Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1400)

**Complete If Known**

Application Number	09/833,367
Filing Date	4/12/2001
First Named Inventor	CLAXTON et al.
Examiner Name	MEHRA, INDER P
Art Unit	2666
Attorney Docket No.	20T-025 / 12-1147

**METHOD OF PAYMENT (check all that apply)** Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description Small Entity Fee (\$) Fee (\$)Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
17	- 20 or HP = 0	x \$50.00	= \$ 0.00	\$360.00	

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 0	x \$200.00	= \$ 0.00	\$360.00	

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = 0	/ 50 = 0	(round up to a whole number)	x \$250.00	= \$ 0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Notice of Appeal Fee \$500Extension Fee (\$1020 - \$120) \$900**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) <u>37,701</u>	Telephone <u>(703) 707-9110</u>
Name (Print/Type)	<u>DAVID G. POSZ</u>		Date <u>May 15, 2006</u>

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## POSZ LAW GROUP, PLC

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Pages: 6 (including this page)

To: USPTO

From: David G. Posz

Fax No.: 571-273-8300

Subject: Notice of Appeal

Comments:

Applicant: CLAXTON	Serial No.: 09/833,367
Filing Date: 04/12/2001	Atty Dkt.: 20T-025

Title: TIME-MULTIPLEXED MULTI-CARRIER TRANSMITTER

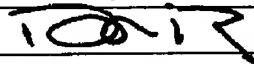
Attached please find:

- (1) Transmittal Form;
- (2) Fee Transmittal;
- (3) Notice of Appeal;
- (4) Petition for Extension of Time; and
- (5) Letter

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Signature



Typed or printed

DAVID G. POSZ

Date 15 MAY 2006

## \*\*\*\*\*Notice\*\*\*\*\*

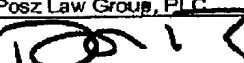
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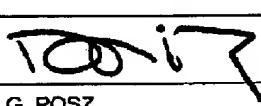
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/833,367
		Filing Date	04/12/2001
		First Named Inventor	CLAXTON et al.
		Art Unit	2666
		Examiner Name	MEHRA, INDER P
Total Number of Pages in This Submission	5	Attorney Docket Number	20T-025 / 12-1147

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Letter to Mail Stop AF</b>	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, PLC		
Signature			
Printed name	DAVID G. POSZ		
Date	May 15, 2006	Reg. No.	37,701

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Signature			
Typed or printed name	DAVID G. POSZ	Date	May 15, 2006

MAY 15 2006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): CLAXTON et al.

Serial No.: 09/833,367

Filed: 04/12/2001

Title: TIME MULTIPLEXED MULTI-CARRIER TRANSMITTER

Atty. Dkt.: 20T-025

Group Art Unit: 2666

Examiner: MEHRA, INDER P

Commissioner for Patents

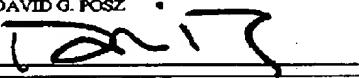
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Date: May 15, 2006

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Typed Name: DAVID G. POSZ

Signature: LETTER

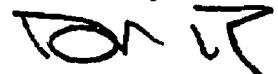
Sir:

In response to the Advisory Action mailed on February 16, 2006 and an interview with Examiner on May 12, 2006, Applicants hereby submit a Notice of Appeal for the above-referenced application.

It should be noted that Applicants are requesting to charge \$900 to Deposit Account 50-1147 for an extension of time because Applicants have already paid \$120 for a one-month extension of time in conjunction with the filing of a Supplemental After Final Amendment on March 16, 2006.

Please charge any additional fees or credit any refunds to Deposit Account 50-1147.

Respectfully submitted,



David G. Posz  
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